## SOUTH SUBURBAN COLLEGE

## **Police Department**

To: Ofc. Oscar Galarza

From: Sergeant Albert Benney

Date: 16 October 2017

Re: Suspension (Failure to complete job duties)

On Thursday 05 October 2017 Ofc. Galarza was assigned to secure the main building exterior doors. On the morning of Friday 06 October 2017 door number 9, which is located southwest corner of the Cafeteria was found unlock and unchained. The discovering was made during routine opening of the building. This is a failure to complete the duties that were assigned to Ofc. Galarza. This the third infraction of this nature, therefore resulting in a one day suspension. The suspension will be serviced on October 18, 2017. If any other infractions of this nature are committed it will result in further disciplinary action up to and including termination.

7 AZ MIZO # 13 DATE 16 OCT. 2017

This document is to be signed by the employee to indicate that it has been read and understood. Signing does not indicate agreement.

cc:

			PER	RSONNEL	ACTION FO	RM					
Employee Name: Oscar Galarza  Colleague ID# Date: 10/24/2017 Department: Campus Police  Address:  Position Name: Support Staff				{							
Account Number	Position Code	Amount /Rate		Hours	Week	Number Pays	Employment Date Start/End	Salary Computation (for Personnel Use Only)			
02-7040-70001-5107001	040-70001-5107001 21		84	7		1		Deduct \$152.88 - for			
								One Pay on			
								10/27/2017			
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	1.							<u> </u>			
Faculty: Courses & Section			CHE or Hours	Additional Information:  Suspended without pay: October 18, 2017  APPROVALS							
				Cost Cent	er Director	Dean	(a)	Vice President			
				President		Human Res	sources	Business & Accounting			

PERSONNEL ACTION FORM											
Employee Name: Oscar Gatarza						[ ] New Hire [ ] Full-time: [ ] Full-Time [ ] Faculty-College Credit 513/					
ID#	Date: 08/14/2017			[ ] Part-Time [ ] Community Education 513							
Department: Campus Police	[ ] Student Empl. 518/11 [ ] Part-time: [ ] Faculty Overload 513.1-2 [ ] College Credit 514 [ ] Cammunity Education 514										
Address						[ ] Substitution [ ] Continuing Education 514					
	[ ] Adjustment [ ] Rate Change: Otd RateNew Rate										
Position Name: Support Staff											
Account No.	Position Code	Amount/ Rate	Hours	Weeks	Number Pays	Employment Dates StartEnd		Salary Computation (for Personnel use only)			
02-7040-70001-5107001		22.54	0.25		1			Deduct \$5.64 for one			
								Pay on 08/18/2017			
								18			
FACULTY: Course and Section	Contact	Credit Hours	CHE or Hours	Additional Information:  Absent without pay: July 18, 2017 > 0.25hrs							
77100211. 00000 010 000011	7102.0	1100.0									
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				APPROVA	IPPROVALS:						
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				Cost Center Director Position Vice President							
				President		Humaii Resou	rces	Business & Accounting			

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